

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 4494-05
Bill No.: HCS No. 2 for HB 1062
Subject: Disabilities; Education, Elementary and Secondary, Agriculture and Animals;
Medicaid
Type: Original
Date: April 9, 2014

Bill Summary: This proposal changes the laws regarding services for individuals with disabilities.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2015	FY 2016	FY 2017
General Revenue	(Less than \$673,107)	(\$804,366)	(\$906,710)
Total Estimated Net Effect on General Revenue Fund	(Less than \$673,107)	(\$804,366)	(\$906,710)

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2015	FY 2016	FY 2017
Brain Injury	\$0	(Could exceed \$300,000)	(Could exceed \$300,000)
Total Estimated Net Effect on <u>Other</u> State Funds	\$0	(Could exceed \$300,000)	(Could exceed \$300,000)

Numbers within parentheses: () indicate costs or losses.
This fiscal note contains 16 pages.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2015	FY 2016	FY 2017
Federal*	\$0	\$0	\$0
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

* Income and expenditures exceed \$1.3 million and net to \$0.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2015	FY 2016	FY 2017
General Revenue	0.5	0.5	0.5
Federal	0.5	0.5	0.5
Total Estimated Net Effect on FTE	1	1	1

☐ Estimated Total Net Effect on All funds expected to exceed \$100,000 savings or (cost).

☒ Estimated Net Effect on General Revenue Fund expected to exceed \$100,000 (cost).

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2015	FY 2016	FY 2017
Local Government	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

§ 161.870 - Work group to assess available resources:

Officials from the **Department of Elementary and Secondary Education (DESE)** assume in order to meet the requirements of the proposal, a number of group meetings must occur. Group members would include existing personnel and human resources available to DESE. In addition, group members would include representatives from state agencies, local advocacy groups and community members with valuable input regarding the needs of disabled students and individuals, or members of the general assembly.

There is a currently established stakeholder group called the MO Interagency Transition Team (MITT). If MITT could be utilized as the workgroup for this proposal, the fiscal impact would be minimal.

DESE notes that most existing personnel and human resources available to DESE with valuable input regarding the needs of disabled students and individuals are federally funded people who are prohibited by federal law from implementing state objectives.

There would likely be one or more surveys for which questions must be developed and results must be analyzed. Additional costs would be incurred to write and edit the report. All of this must be completed by January 1, 2015 for a proposal that would presumably go into effect on August 28, 2014. These time constraints would leave approximately four months to carry out the requirements of the proposal.

Oversight notes the proposal states the work group shall include existing personnel and human resources available to DESE. The project appears to be short term. Oversight assumes the work group duties can be accomplished with existing resources.

In response to the introduced version of this proposal, officials from the **Francis Howell School District** assumed the proposal itself will have no fiscal impact on the school district. If there were to be any fiscal impact, the impact would come once the General Assembly acts on the work group's recommendations.

§ 208.152(20) - Comprehensive day rehabilitation:

Officials from the **Department of Social Services (DSS) - MO HealthNet Division (MHD)** state this section of the legislation expands the Comprehensive Day Rehabilitation program to all adult participants. The services must be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan. The MHD shall establish the definition and criteria for designation of a comprehensive day rehabilitation service facility, the benefit

ASSUMPTION (continued)

limitations and the payment mechanism utilizing the expertise of brain injury rehabilitation service providers and the Missouri Head Injury Advisory Council. The services must be provided in a community based facility and be authorized on tier levels based on the services the patient requires and the frequency of the services as guided by a qualified rehabilitation professional associated with a health care home.

To project costs for the expansion of the Comprehensive Day Rehabilitation program, the number of participants using the program in FY 05 (when the program was available to all adults) and their costs were obtained. There were 89 adults in a category of assistance other than a category that is currently eligible for the program (under age 21, blind individuals, pregnant women or nursing home residents) who received services through the Comprehensive Day Rehabilitation program. The fee-for-service cost for their services in FY 05 was \$526,728. The SFY 05 cost is used as the base for estimating future costs. The rates for this program have not changed since 2005 so no inflation was applied to the costs from FY 05 to FY 14. A 2.9% inflation factor was applied to FY 15 through FY17.

The annual cost to the fee-for-service program will be \$596,203.

In addition, the MHD contracts with managed care health plans to provide medical assistance to individuals eligible under Section 208.151. The MHD assumes this legislation will apply to the managed care health plans. The total annual amount deducted from payments to the managed care health plans in FY 06 (first year reductions were implemented) due to the reduction of eligibility for this service was \$10,125. Therefore, this figure was used as a base to estimate the cost to add this service back into the services offered to all adults. No inflation was added from FY 06 to FY 14. A 2.9% inflation factor was added to FY15 through FY17.

The annual cost to the managed care program will be a program cost of \$11,460 and an estimated actuarial cost to further evaluate this program change of \$25,000 (50% GR/50% Federal).

The annual cost to MHD in the first full year will be \$632,663 (\$596,203 + \$11,460 + \$25,000). To calculate the FY 15 cost, it is assumed that there would only be 10 months of the total program cost of \$607,663 (\$596,203 + \$11,460) and the full \$25,000 actuarial cost. Therefore, the cost for FY15 will be \$531,386 [(\$607,663/12 X 10 = \$506,386) + \$25,000].

Since this section of the proposal is subject to appropriations, the range would be zero to:

FY15 (10 months):	Total \$531,386 (GR \$199,382; \$332,004 Federal);
FY16 (12 months):	Total \$687,814 (GR \$253,838; \$433,976 Federal); and,
FY17 (12 months):	Total \$778,537 (GR \$287,319; \$491,218 Federal).

Oversight assumes, for fiscal note purposes only, this proposal will be appropriated the necessary funding and has reflected the costs without the “\$0 to” range.

ASSUMPTION (continued)

§ 208.152(24) - Hearing aids:

Officials from the **DSS - MHD** state currently hearing aids and related covered services are offered to MO HealthNet participants who receive a full benefit package under a category of assistance for children, pregnant women, the blind or nursing facility residents. Covered services include audiological testing, hearing aids, ear molds, hearing aid fitting, hearing aid dispensing/evaluation, post-fitting evaluation, post-fitting adjustments, and hearing aid repairs. All hearing aids and related services must have prior approval except audiometric testing, post-fitting evaluation, post-fitting adjustment, and repairs to hearing aids no longer under warranty. The current prior approval process is paper-based and not electronic.

There would be a cost to the MHD to provide these services to participants who do not receive a full benefit package. A cost per participant was obtained for fee-for-service participants who received hearing aids and related services in FY 05 and who would be in a limited benefit category now. Since there have been no rate increases for these services since FY 05, no inflation was applied for years FY 05 through FY 14. Costs were inflated by 2.9% from FY 15 through FY 17.

Costs for fee-for-service participants:

FY15 (10 months):	Total \$993,240 (\$366,555 GR; \$626,685 Federal);
FY16:	Total \$1,349,097 (\$497,884 GR; \$851,213 Federal); and,
FY17:	Total \$1,527,043 (\$563,555 GR; \$963,488 Federal).

The MHD assumes this legislation will apply to MO HealthNet Managed Care health plans. The estimated annual fiscal impact for adults enrolled in managed care would be \$52,135. In addition, there would be a first year cost for an actuarial study to determine the impact of this requirement on rate ranges to ensure actuarial soundness as required by the Centers for Medicare and Medicaid Services. The cost of the analysis will depend on the complexity of the analysis needed to address this program change. The cost of the study is estimated at \$25,000 (\$12,500 GR; \$12,500 Federal). Total FY 15 managed care cost would be \$68,446 (\$52,135 / 12 months * 10 months + \$25,000). Managed care costs were inflated by 2.9%. A 10% pent-up demand was assumed for FY15 through FY 17.

Cost for MO HealthNet Managed Care:

FY14 (10 months):	\$68,446 (\$28,534 GR; \$39,912 Federal);
FY15:	\$59,012 (\$21,778 GR; \$37,234 Federal); and,
FY16:	\$66,796 (\$24,651 GR; \$42,145 Federal).

ASSUMPTION (continued)

In addition, this section of the proposal requires that a web-based prior authorization system is used to verify medical need. The hearing aid program currently uses a paper-based prior authorization system. MHD uses a web-based prior authorization system for other services but does not have the system prepared to accommodate the hearing aid program. Algorithms will need to be developed for the hearing aid program and that cost will occur only one time in the first year of the fiscal note. The cost is unknown but is anticipated to be under \$100,000.

Cost for Web-based PA System:

FY14: Unknown < \$100,000 (Unknown < \$50,000 GR; Unknown < \$50,000 Federal);
FY15: \$0; and,
FY16: \$0.

Total Cost of the proposal for section 208.152.1(24):

Since this section of the proposal is subject to appropriations, the range would be zero to:

FY14: (10 months): Total \$0 to \$1,161,686 (< \$445,089 GR; < \$716,597 Federal);
FY15: Total \$0 to \$1,574,530 (< \$519,662 GR; < \$888,447 Federal);
FY16: Total \$0 to \$1,593,839 (< \$588,206 GR; < \$1,005,633 Federal).

Oversight assumes, for fiscal note purposes only, this proposal will be appropriated the necessary funding and has reflected the costs without the “\$0 to” range.

Officials from the **Department of Health and Senior Services (DHSS)** state section 208.152.1(24) requires MO HealthNet, if appropriated, to cover prescribed medically necessary hearing aids. The Children and Youth with Special Health Care Needs (CYSHCN) Program provides limited funding for medically necessary diagnostic and treatment services for individuals meeting program eligibility. Coverage by MO HealthNet would lessen the request for hearing aids received by the CYSHCN Program for those participants who are also eligible for MO HealthNet. The impact is a positive, but minimal, savings for the CYSHCN Program.

§ 209.202 -Interfering with a service animal:

Officials from the **Office of State Public Defender (SPD)** stated for the purpose of this proposed legislation, the SPD cannot assume that existing staff will provide effective representation for any new cases arising where indigent persons are charged with the new crime of interfering with a service animal - a new Class A misdemeanor, or where indigent persons intentionally injures or kills or permits an animal to kill or injure a service animal - a new Class D felony.

ASSUMPTION (continued)

While the number of new cases (or cases with increased penalties) may be too few or uncertain to request additional funding for this specific bill, the SPD will continue to request sufficient appropriations to provide effective representation in all cases.

Oversight assumes the SPD can absorb the additional caseload that may result from this proposal.

Officials from the **Department of Corrections (DOC)** state the penalty provisions for violations, the component of the bill to have a potential fiscal impact for DOC, is for up to a class D felony. Currently, the DOC cannot predict the number of new commitments which may result from the creation of the offense(s) outlined in this proposal. An increase in commitments depends on utilization by prosecutors and the actual sentences imposed by the court.

If additional persons are sentenced to the custody of the DOC due to the provisions of this legislation, the DOC will incur a corresponding increase of direct offender costs either through incarceration (FY 13 average of \$18.014 per offender, per day, or an annual cost of \$6,575 per inmate) or through supervision provided by the Board of Probation and Prol (FY 13 average of \$5.07 per offender, per day, or an annual cost of \$1,851 per offender).

DOC assumes the narrow scope of the crime will not encompass a large number of offenders. The low felony status of the crime enhances the possibility of plea-bargaining or imposition of a probation sentence and the probability exists that offenders would be charged with a similar, but more serious offense, or that sentences may run concurrent to one another.

The DOC assumes supervision by the DOC through probation or incarceration would result in some additional costs, but it is assumed the impact would be \$0 or a minimal amount that could be absorbed within existing resources.

§ 301.143 - Parking lot re-striping:

Officials from the **Department of Elementary and Secondary Education (DESE)** state school districts may incur additional costs to re-stripe parking lots in accordance with the terms of this section. DESE defers to schools regarding the extent of any costs.

In response to the introduced version of this proposal, officials from the **City of Columbia (City)** stated the City has three lots with no accessible parking at this time. If this proposal passes, the City would lose two paid permit spaces from each lot; one for accessible parking and one for loading. The six permit spaces generate \$60 per month per space. Therefore, the City would lose a total of \$4,320 in revenue each year.

Oversight assumes the City of Columbia would be able to absorb the decrease in parking revenue.

ASSUMPTION (continued)

§ 304.028 - Brain Injury Fund:

Officials from the **DHSS** state section 304.028.4 proposes that upon granting of a federal waiver, forty percent of all moneys in the Brain Injury Fund (BIF) will be used as match for the waiver. Based on the average of past year collections into the BIF, it is assumed that \$750,000 per year is collected into the BIF. Assuming that \$750,000 is collected each year:

- Forty percent (\$300,000) will go to the newly created waiver as state match
- Sixty percent (\$450,000) would remain for current ABI Program funding

BIF money is currently appropriated to DHSS and used for services provided through the Adult Brain Injury (ABI) Program. The services provided through a waiver will not replace the need for services provided through the current ABI Program. The waiver can only provide services to those meeting MO HealthNet eligibility and institutional level of care (per federal regulations). The services provided through the current ABI Program are provided to those who may or may not meet MO HealthNet eligibility but whose income is at or below 185 percent of the federal poverty level. The services provided through the current ABI Program are community-based rehabilitation services that focus on independent living, community integration, and vocational supports. The current ABI Program does not provide in-home personal care support services. The majority of participants receiving services through the current ABI Program would not meet institutional level of care requirements. Therefore, it is assumed that at minimum, the \$300,000 in funds shifted from the ABI Program to the waiver would need to be replaced from general revenue to continue ABI Program services at the current level.

Writing and seeking approval for a federal waiver would be accomplished in FY15 and services through the waiver would not begin until FY16. Waivers, by design, have capped slots based on total funding available. Depending on the amount of individuals that may be served by the waiver, DHSS may need unknown additional staff to administer the waiver. The cost split between administrative services and consumer services to both general revenue and federal funds are unknown. DHSS assumes a 60 percent match of federal funds for state dollars spent in the waiver.

Section 304.028.1 of this legislation would require the DHSS ABI Program to provide coverage for consumer-based services in comprehensive brain injury day rehabilitation therapy. Section 208.152.1(20) requires MO HealthNet, if appropriated, to provide comprehensive day rehabilitation services. It is assumed these are the same type of services. If this legislation passes and funds are appropriated to MO HealthNet for such purpose, the ABI Program will only be responsible for these services for those individuals not meeting MO HealthNet eligibility but still at or under 185 percent of the federal poverty level. If the funds are not appropriated, the ABI Program, as payer of last resort, becomes the sole state provider of these services to MO Health Net for these services for all adults age 21 to 65 with any type of brain injury whose income is at or below 185 percent of federal poverty level. (This would include all MO HealthNet participants.) ABI Program participants currently experience a waiting period of 481

ASSUMPTION (continued)

days for provider rehabilitation services. DHSS estimates the cost of providing consumer-based consumer services in comprehensive day rehabilitation services will result in the need to ask for additional general revenue to support current level of participants and services requested. In addition, adding day rehabilitation services is likely to increase the number of brain injured individuals seeking services through the ABI Program. DHSS estimates that with the accompanied increase of participants, increase in requested services and insufficient revenues, the number of individuals and time spent on the waiting list will significantly increase. To keep the wait list from growing significantly, the ABI Program would need to seek an unknown amount of additional general revenue.

In addition, this proposal removes "traumatic" in relation to the definition of brain injury, meaning any individual with a brain injury would be eligible for services under this program. Currently only those individuals with a "traumatic" brain injury are eligible for services. This change will increase the number of individuals eligible to receive services. Again, the increase in individuals eligible for services would generate the need for additional unknown revenue to sustain ABI Program services and waiver services without an extensive waiting list and waiting time for services.

Oversight notes the DHHS assumes the minimum of \$300,000 provided by the Brain Injury Fund as matching monies for the waiver is replaced with General Revenue. Oversight cannot assume the funds from the BIF will be appropriated from General Revenue and will, therefore, present a reduction of at least \$300,000 to the BIF.

Oversight assumes since the DSS-MHD indicates that much of the waiver-related work will be performed by their organization, the DHSS will not need to hire additional staff to administer the waiver and can absorb the additional duties with existing staff.

Officials from the **Department of Social Services (DSS) - MO HealthNet Division (MHD)** state that Section 304.028.1.2.4 will create a new waiver. Each waiver generates the same amount of oversight requirements, which would require one full-time FTE for MHD, at the Program Development Specialist level. The responsibilities of this staff include development of the waiver application, submission to the Centers for Medicare and Medicaid Services (CMS) of all applications, renewals and amendments to the waiver, tracking of data for all performance measures outlined in the waiver and ensuring DHSS is identifying problems and conducting proper remediation, quarterly quality assurance meetings, quarterly waiver record reviews, annual reporting of expenditures to CMS and compilation of evidence after the first 18 months of the waiver to show compliance with Home and Community Based Services (HCBS) assurances. Because the staff at DHSS who manage the Head Injury fund are not familiar with the waiver process, much of the work will fall on the MHD.

ASSUMPTION (continued)

MHD assumes the cost for this FTE as follows:

FY 15 (10 months): \$59,604 (\$29,802 GR; \$29,802 Federal);
FY 16: \$64,600 (\$32,301 GR; \$32,299 Federal); and,
FY 17: \$65,312 (\$32,656 GR; \$32,656 Federal).

Oversight assumes the DSS-MHD will not need rental space for one additional FTE. Total MHD costs associated with section 304.028 for FY 15 are estimated to be \$57,272; FY 16 costs are estimated to be \$61,730; and FY 17 costs are estimated to be \$62,370, split 50/50 between GR and Federal funds.

Bill as a whole:

Officials from the **Office of Secretary of State (SOS)** state many bills considered by the General Assembly include provisions allowing or requiring agencies to submit rules and regulations to implement the act. The Secretary of State's office is provided with core funding to handle a certain amount of normal activity resulting from each year's legislative session. The fiscal impact for this fiscal note to the SOS for Administrative Rules is less than \$2,500. The SOS recognizes this is a small amount and does not expect that additional funding would be required to meet these costs. However, it is also recognized that many such bills may be passed by the General Assembly in a given year and that collectively the costs may be in excess of what the office can sustain within its core budget. Therefore, the SOS reserves the right to request funding for the cost of supporting administrative rules requirements should the need arise based on a review of the finally approved bills signed by the governor.

Officials from the **Joint Committee on Administrative Rules (JCAR)** state the legislation is not anticipated to cause a fiscal impact to JCAR beyond its current appropriation.

Officials from the **Office of State Courts Administrator**, the **Office of Administration**, the **Department of Economic Development - Division of Workforce Development**, the **Department of Mental Health**, the **Department of Public Safety - Missouri State Highway Patrol**, the **Office of Prosecution Services**, the **Office of State Treasurer**, the **City of Jefferson City**, the **City of Kansas City**, and **St. Louis County** each assume the proposal would not fiscally impact their respective agencies.

In response to the introduced version of this proposal, officials from **Lawrence County** assume the proposal would not fiscally impact their agency.

ASSUMPTION (continued)

Officials from the following **cities**: Ashland, Belton, Bernie, Bonne Terre, Boonville, California, Cape Girardeau, Clayton, Dardenne Prairie, Excelsior Springs, Florissant, Frontenac, Fulton, Gladstone, Grandview, Harrisonville, Independence, Joplin, Kearney, Knob Noster, Ladue, Lake Ozark, Lebanon, Lee Summit, Liberty, Louisiana, Maryland Heights, Maryville, Mexico, Monett, Neosho, O'Fallon, Pacific, Peculiar, Popular Bluff, Raytown, Republic, Richmond, Rolla, Sedalia, Springfield, St. Charles, St. Joseph, St. Robert, Sugar Creek, Sullivan, Warrensburg, Warrenton, Webb City, Weldon Spring and West Plains did not respond to **Oversight's** request for fiscal impact.

Officials from the following **counties**: Andrew, Audrain, Barry, Bates, Boone, Buchanan, Callaway, Camden, Cape Girardeau, Carroll, Cass, Clay, Cole, Cooper, DeKalb, Franklin, Greene, Holt, Jackson, Jefferson, Johnson, Knox, Laclede, Lincoln, Marion, Miller, Moniteau, Monroe, Montgomery, New Madrid, Nodaway, Ozark, Perry, Pettis, Phelps, Platte, Pulaski, Scott, St. Charles, St. Francois, Taney, Warren, Wayne and Worth did not respond to **Oversight's** request for fiscal impact.

Officials from the following **schools**: Blue Springs Public Schools, Branson Public Schools, Carondelet Leadership Academy, Charleston R-I Schools, Cole R-I Schools, Columbia Public Schools, Fair Grove Schools, Fulton Public School, Independence Public Schools, Jefferson City Public Schools, Kirksville Public Schools, Kirbyville R-VI Schools, Lee Summit Public Schools, Malden R-I Schools, Malta Bend Schools, Mexico Public Schools, Monroe City R-I Schools, Nixa Public Schools, Parkway Public Schools, Pattonville Schools, Raymore-Peculiar R-III Schools, Raytown School District, Sedalia School District, Sikeston Public Schools, Silex Public Schools, Spickard School District, St Joseph School District, St Louis Public Schools, St. Charles Public Schools, Sullivan Public Schools and Warren County R-III School District did not respond to **Oversight's** request for fiscal impact.

<u>FISCAL IMPACT - State Government</u>	FY 2015 (10 Mo.)	FY 2016	FY 2017
GENERAL REVENUE			
<u>Costs - DSS-MHD</u>			
Comprehensive day rehabilitation services (§ 208.152.1(20))	(\$199,382)	(\$253,838)	(\$287,319)
Hearing aids (§ 208.152.1(24))	<u>(Less than \$445,089)</u>	<u>(\$519,662)</u>	<u>(\$588,206)</u>
<u>Total Costs - DSS-MHD</u>	(Less than \$644,471)	(\$773,500)	(\$875,525)
<u>Costs - DSS-MHD (§ 304.028)</u>			
Personal service	(\$16,443)	(\$19,938)	(\$20,137)
Fringe benefits	(\$8,387)	(\$10,169)	(\$10,271)
Equipment and expense	<u>(\$3,806)</u>	<u>(\$759)</u>	<u>(\$777)</u>
<u>Total Costs - DSS-MHD</u>	<u>(\$28,636)</u>	<u>(\$30,866)</u>	<u>(\$31,185)</u>
FTE Change - DSS	0.5 FTE	0.5 FTE	0.5 FTE
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	<u>(Less than \$673,107)</u>	<u>(\$804,366)</u>	<u>(\$906,710)</u>
Estimated Net FTE Change on the General Revenue Fund	0.5 FTE	0.5 FTE	0.5 FTE
BRAIN INJURY FUND			
<u>Cost - DHSS</u>			
Funding to draw down federal matching monies (§ 304.028)	\$0	(Could exceed \$300,000)	(Could exceed \$300,000)
ESTIMATED NET EFFECT ON BRAIN INJURY FUND	<u>\$0</u>	<u>(Could exceed \$300,000)</u>	<u>(Could exceed \$300,000)</u>

<u>FISCAL IMPACT - State Government</u>	FY 2015 (10 Mo.)	FY 2016	FY 2017
FEDERAL FUNDS			
<u>Income - DSS-MHD</u>			
Comprehensive day rehabilitation services reimbursement (§ 208.152.1(20))	\$332,004	\$433,976	\$491,218
Hearing aid services reimbursement (§ 208.152.1(24))	Less than \$716,597	\$888,447	\$1,005,633
Program reimbursements (§ 304.028)	<u>\$28,636</u>	<u>\$30,864</u>	<u>\$31,185</u>
<u>Total Income - DSS-MHD</u>	Less than \$1,077,237	\$1,353,287	\$1,528,036
<u>Income - DHSS</u>			
Brain Injury Waiver reimbursements	\$0	Could exceed \$450,000	Could exceed \$450,000
<u>Costs - DSS-MHD</u>			
Comprehensive day rehabilitation services expenditures (§ 208.152.1(20))	(\$332,004)	(\$433,976)	(\$491,218)
Hearing aid services expenditures (§ 208.152.1(24))	<u>(Less than \$716,597)</u>	<u>(\$888,447)</u>	<u>(\$1,005,633)</u>
Total Costs - DSS-MHD	(Less than \$1,048,601)	(\$1,322,423)	(\$1,496,851)
<u>Costs - DSS-MHD (§ 304.028)</u>			
Personal service	(\$16,443)	(\$19,937)	(\$20,137)
Fringe benefits	(\$8,387)	(\$10,169)	(\$10,271)
Equipment and expense	<u>(\$3,806)</u>	<u>(\$758)</u>	<u>(\$777)</u>
<u>Total Costs - DSS-MHD</u>	<u>(\$28,636)</u>	<u>(\$30,864)</u>	<u>(\$31,185)</u>
FTE Change - DSS	0.5 FTE	0.5 FTE	0.5 FTE
<u>Costs - DHSS (§ 304.028)</u>			
Brain Injury Waiver expenditures	<u>\$0</u>	<u>(Could exceed \$450,000)</u>	<u>(Could exceed \$450,000)</u>
ESTIMATED NET EFFECT ON FEDERAL FUNDS	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Estimated Net FTE Change on Federal Funds	0.5 FTE	0.5 FTE	0.5 FTE

FISCAL IMPACT - Local Government

FY 2015
(10 Mo.)

FY 2016

FY 2017

\$0

\$0

\$0

FISCAL IMPACT - Small Business

No direct fiscal impact to small businesses would be expected as a result of this proposal.

FISCAL DESCRIPTION

§ 208.152.1(20) - Comprehensive Day Rehabilitation:

Subject to appropriations, the proposal adds comprehensive day rehabilitation services beginning soon after trauma as part of a coordinated system of care for individuals with disabling impairments to the list of services covered under MO HealthNet benefits. Services must be provided in a community-based facility and be authorized on tier levels based on the services and frequency of services the patient requires as guided by a qualified rehabilitation professional associated with a health care home.

§ 208.152.1(24) - Hearing Aids:

Prescribed, medically necessary hearing aids are added to the list of covered services under the MO HealthNet Program. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards must be used to verify medical need.

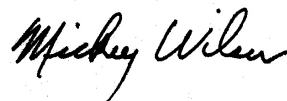
§ 304.028 - Brain Injury Services:

The proposal adds consumer-based consumer services in comprehensive brain injury day rehabilitation therapy, vocational, home, and community support to the list of services that the Department of Health and Senior Services must expend funds from the Brain Injury Fund to individuals with brain injury. The Department of Health and Human Services, in cooperation with the Department of Social Services, must seek a federal waiver from the federal Department of Health and Human Services to allow moneys in the fund to be used for brain injury services under the MO HealthNet Program. Upon the granting of a waiver, 40% of all moneys in the fund must be designated as MO HealthNet federal match moneys. Any approved federal waiver must be designed so that parity is established in funding for each eligible program service area to create a balance for access to all brain injury services.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Office of Administration -
 Division of Purchasing
Office of State Courts Administrator
Department of Economic Development -
 Division of Workforce Development
Department of Elementary and Secondary Education
Department of Mental Health
Department of Corrections
Department of Health and Senior Services
Department of Social Services -
 MO HealthNet Division
Department of Public Safety -
 Missouri State Highway Patrol
Joint Commission on Administrative Rules
Office of Prosecution Services
Office of Secretary of State
Office of State Public Defender
Office of State Treasurer
City of Columbia
City of Jefferson City
City of Kansas City
Lawrence County
St. Louis County
Francis Howell School District
Special School District



Mickey Wilson, CPA
Director
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